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Placenta Prævia, with Report of Four Cases.

Read before the joint meeting of the Eastern Kansas and Golden Belt Medical Societies at Topeka, April 7, 1892.

By Dr. J. W. FELTY, Abilene.

In presenting this report, I make no pretense in demonstrating any new theory relative to the cause, or pathology if you like, nor do I advocate any novel or fancied treatment; but I have had the misfortune, if I may so call it, to have four cases in about seven hundred. This proportion differs from any on record. Second, I desire to sound a note of warning to the younger practitioners, particularly those who practice in the rural districts.

Placenta prævia is perhaps the gravest complication of pregnancy and labor, and ignorance or negligence on this subject often proves fatal to mother and child.

It is needless to compile or present the various theories as to the cause of this abnormal condition; suffice it to say that the placenta is prævia when attached in part in the lower uterine segment (Hart), which is stretched and distended in labor.

The frequency of placenta prævia, as shown by statistics, seems to vary greatly according to different authors, from one in four hundred, to one in twelve hundred. The relative positions which the placenta sustain to the os uteri gives rise to the following generally accepted classification, viz.: Placenta prævia total, partial and marginal.

These few brief preliminary remarks are intended simply to elucidate the following report, rather than instruct you on this subject.

In September, 1885, I was hastily called to the country twelve miles. Mrs. B., aged twenty-six, about to be confined with her third child at full term. For three or four days she had intermittent labor pains, with more or less hemorrhage at each pain. An examination revealed a marginal placenta prævia, with an os dilatable and about the size of a goose egg, position of child normal and in good condition. My examination provoked a severe pain, and with it enough blood to alarm any tyro in the obstetric art. The head had not passed through the superior strait, which was my only consolation, for I was then hesitating whether to resort to podalic version or not.

Knowing that my patient had already lost too much blood, I was halting between two fires. By dilating the os and at the same time causing pressure with the back of fingers and hand on placenta, the head passed down and became engaged behind the pubes. Hemorrhage ceased, and my patient for the time being, at least, was safe. "All is well that ends well," but not so here. Pains followed in rapid succession until the child was born in good condition. At this stage another and very common complication in these cases arose, viz., post-partum hemorrhage. Right here let me state that in these cases it is far wiser, in fact, imperative not to sever the cord at once, thereby leaving the child to an independent existence. There seemed to be a uterine inertia, and my patient was again in danger of bleeding to death. The placenta was removed as quickly as possible. Ordinary means and methods seemed futile. Finally, I resorted to passing a surgical sponge saturated with vinegar up into the uterine cavity. It worked admirably. She hovered between life and death for six or eight days, and by an extremely slow convalescence recovered, temperature never rising to normal until after the twelfth day.

CASE No. 2. Mrs. T., aged thirty-six, a farmer's wife, mother of five healthy children, a strong, robust woman, called at my

office after a ride of thirteen miles. She was pregnant about thirty weeks, and began having periodical hemorrhages about two weeks before. No pain, and felt no discomfort in any way except the loss of blood. Upon examination I found the os uteri closed and no evidence of any harm. The hemorrhages, however, awakened suspicion, and I warned herself and husband of the danger. I begged her to remain in town where she could be under constant care, and if necessary, have the prompt attention of a physician. She had three small children, and she thought she could not leave home. I tamponned her and reluctantly sent her home, thirteen miles. I ordered tampon removed in twenty-four hours and remain in bed twenty-four or thirty-six hours. Her husband called about two weeks later, saying that she had no recurrence of the hemorrhage since her visit in my office. A week later during the night she awoke and found herself in a pool of blood. I was called, and by the time I arrived she was up milking the cows, and all hemorrhage had ceased. An examination revealed a placenta prævia, total implantation. My examination provoked a slight flow. I at once insisted upon bringing about premature labor, which I regarded perfectly justifiable, believing there was a fair chance for mother and child. She, however, insisted that she wasn't sick and had no pain, and all the arguments of the Greek philosophers could not have convinced her that she was in danger. I again tamponned her, and insisted that she be brought to town where she could procure the prompt attention which I knew was absolutely necessary to save her. She again objected, stating that they could not afford it, and besides, did not think it necessary. She continued having slight hemorrhages at intervals of four or five days, but continued to do her ordinary household duties. I ordered the husband to tampon every day, which he did to the best of his knowledge. In about three weeks I was hurriedly summoned. It was too late. She had two or three labor pains, the hemorrhage continuous and copious, she became unconscious and died half an hour after she was taken sick.

Gentlemen, in this connection let me urge a word of warning. In these cases we cannot insist too strongly upon having the patient under daily personal supervision and within your reach. Prompt and well directed efforts are of paramount importance, and it behooves us all to insist upon having the patient brought into the best possible surroundings. Nature in these cases is not beneficent, and any indifference on the part of the patient or lack of skill on the part of the physician is certain to lead to fatal consequences to mother and child.

CASE No. 3. In October, 1891, Mrs. A., aged forty-six, mother of twelve children, living twelve miles in the country, found herself having a slight flow on her way to church. She was the mother of twelve children, and never had the services of a physician in the capacity of an accoucheur. She was naturally unwilling to call one now. She decided to go to church, but found to her surprise that she had saturated her clothing, and a stream running through the buggy. She was taken home, and her husband came to town, called upon me for medicine to stop his wife's flowing, as he expressed it. Upon inquiry, I learned that she was pregnant eight months and had no pain, neither a flow, previous to this time. The case aroused my suspicion at once, and no time was lost in getting to her bedside. My fears were well grounded, for a total placenta prævia was clearly demonstrated. She had lost considerable blood, and it being 10 P.M., I tamponned her thoroughly and awaited results the following morning. In this case, on account of her age and general strength, I did not desire a premature labor. Getting her under the influence of opium and viburnum, I tamponned her again and brought her to town. Keeping her in the recumbent position and tamponning her every twenty-four hours, she ceased having any more hemorrhages until the day of her delivery, which was about full term. To avoid self infection from the long continued use of the tampon, a vaginal injection of bichloride solution was used every morning. On the morning of her delivery, while removing the tampons, without any apparent

cause, she had a violent hemorrhage. The os uteri was very dilatable, and slight labor pains at long intervals were manifest. My patient was then anæmic, and had lost considerable blood. Any conservative or expectant methods of procedure were beyond question. I decided upon podalic version, and called upon Drs. Hazlett and King for assistance. After the method of Braxton-Hicks, I found little difficulty in turning, bringing down only one foot. It was not an easy matter, however, to find my way into the uterus, on account of the large central placenta and copious hemorrhage. She refused an anæsthetic. In twenty minutes after beginning operative procedure the child was extracted with the assistance of feeble uterine contractions. The child was born livid and asphyxiated. After several hours work in resuscitating it, the respirations became nearly normal, but never assumed its natural color, and died in six hours. The mother, for three or four days, had suppression of the lochia, which at the end of the seventh day became normal. She made a good recovery and left town for her home in three weeks after her delivery.

CASE No. 4. Mrs. H., aged twenty-eight, has one child living, two miscarriages. She was pregnant and near full term. While engaged in her domestic duties, a sudden gush of blood from the vagina made her take her bed. She had no pain, and the phenomena being foreign to her former labors, sent for me post haste. She ceased having any hemorrhages upon taking the recumbent position, but taking a semi-recumbent or half-sitting position, the flow increased. A partial or perhaps a marginal placenta prævia was clearly diagnosed. She was near her maturity. She was within three miles of town. She had lost but a comparatively small quantity of blood. She was strong and robust. All these conditions urged me to adopt an expectant plan of treatment. I decided to tampon and await developments. In so doing, I would give the os uteri time to dilate, which was rather tense and unyielding. My tampon was of little avail, however, for it provoked uterine contractions and hemorrhage more serious than before. I decided to dilate the os by Barnes' dilator, which worked charmingly so far as the instrument is applicable. After removing the dilator, I resorted to digital dilatation, which, too, was partially successful. It now became apparent that some more radical means to stop the bleeding was necessary to save either mother or child. My only resort was version.

Introducing my hand into the uterine cavity, I found the placental pulse weak, the contractions feeble, and the parts in a fair condition. It was very evident that the child was suffering from loss of blood. I decided upon delivering the child as quickly as possible. In turning the child, I brought down both feet instead of one, as I had done in the previous case, thinking by so doing time would be gained in delivery. The version was performed with great difficulty. In extracting the child slowly, I soon discovered that the throbbing in the cord had ceased. The great tension on the cord gave notice at once that it was either extremely short or wrapped around the child's neck. The latter was true, and the child was born dead without the slightest evidence of being resusciated. The mother throughout made a good, in fact, a rapid recovery, having no complications.

I would say, in conclusion, that the strictest possible antiseptic precautions were exercised in these manipulations. I am perfectly satisfied with my results as to mother, but it has always appeared to me that the mortality of children should not be so high.

Differential Diagnosis of Malignant Growths.

Read before the Topeka Academy of Medicine and Surgery, April 5, 1892.

By L. M. POWELL, M.D., Topeka.

The word tumor has been variously applied in medicine to all kinds of swellings. Its scope is now considerably narrowed as our knowledge of the various pathological processes increases. Indeed, many inroads have already been made upon the tumor ter-

ritory, and each year its limits are reduced.

A close study of the various swellings to which this term has been applied will reveal the fact that they are called tumors only so long as their nature and etiology are not understood.

We cannot with accuracy apply this name to aneurisms, inflammatory enlargements, (as abscesses,) malformations, etc. Likewise we must exclude the specific granulomata, viz., tuberculosis, syphilis, leprosy, glanders and actinomycosis. The nature and etiology of these are understood, and it is probable that as we advance in medical science, other forms of tumors will be more fully understood, and these also will be given a specific place in the pathological field.

These growths are often spoken of as neoplasms and as pseudoplasms. They are the result of a process of proliferation and tissue formation. The plan of structure, however, differs from that involved in the formation of normal tissues and organs.

Some of the peculiarities of tumor formation in general are:

1st. The growth alters the normal configuration of the body, especially of the part in which it develops.

2d. The new tissue is constructed after a plan that does not pertain to the normal structure of the part affected.

3d. Tumors form growths that are persistent and progressive.

4th. They have a special vascular supply that gives them a status that may be likened to the independence of an organ.

5th. The hyperplasia of tumors takes place without apparent cause or object.

6th. The tissue of tumors is apt to present an embryonal character.

7th. These growths have a tendency to spread to other parts by metastasis.

8th. They have no tendency to undergo degeneration.

Various names have been applied to certain tumors by reason of their form, mode of growth, etc.; for example, cancer (crab-like), papilloma (from a papilla), node, nodule, polypi, fungus growth, flat tabular swelling, tubers, dendritic growths, etc.

When there is a clear line of demarcation between the tumor and the healthy tissue, it is spoken of as encapsulated. When this line is not marked, it is designated an infiltrating tumor.

Tumors are also divided into benign and malignant growths, the former always remaining local, and do not recur after removal. The latter may again be subdivided into those which always remain local but tend to recur after removal, and those which often become general through the medium of the lymphatics or the blood vessels, *i. e.*, that spread by metastasis.

As above stated, little is known concerning the etiology of tumors. Various theories have been advanced from time to time, and each theory has its advocates and seems to cover isolated cases. However, there are insurmountable objections to the application of any one of these to all forms of tumors, unless, possibly, it be the nervous theory.

The various theories in brief are:

1st. That of tumor diathesis, advocated by Billroth.

2d. The parasitic or infectious theory.

3d. The mechanical or inflammatory theory, supported by Virchow.

4th. The evolution theories, including the embryoblastic theory of Conheim, and the theory of disturbances of tissue equilibrium, by Thiesch.

5th. The nervous theory.

I will not enter upon a discussion of any of these, further than to say that the nervous theory, although the least elaborated of all, has the fewest objections to it.

The results of trophic disturbances are so varied that it is not difficult for us to believe that tumors may be included in their number.

The subject is entirely too large to even mention all the different forms of tumors, so that I shall restrict myself to the malignant and metastatic forms, viz., to the sarcoma and epithelioma and to their differential diagnosis.

The term cancer has been inaccurately and indiscriminately applied to the various forms of sarcomata, carcinomata, and often to less malignant growths.

Probably the reason why certain of our profession, not to speak of charlatans and quacks, have been so successful in the treatment of cancer, is that they have made errors of diagnosis rather than successes in treatment.

The following points in differential diagnosis of benign and malignant growths are of practical clinical importance:

1. Benign tumors are homogenious and typical, presenting a perfect tissue rich in fibres and poor in cells. The cells are usually large in size.

2. Benign tumors grow centrally and are enveloped in a capsule.

3. Their blood vessel supply is usually very poor.

4. These tumors have a firm consistency and present a dry section, except the myxoma, and they seldom ulcerate.

5. They may grow to a very large size, and the direction of their growth is outward. These tumors may be primarily multiple.

6. Benign growths are not accompanied by cachexia.

7. They do not recur after removal and never give metastasis, but they may kill by mechanical pressure and by hemorrhage.

As contrasted to these the malignant tumors are heterologous and atypical, presenting an imperfect tissue, poor in fibres and rich in cells. In these, the cells are quite small.

They grow peripherally and are not encapsulated. They are usually richly supplied with blood vessels, and in consistence are soft and juicy.

Primary malignant tumors seldom grow large, and the direction of their extension is both outward and inward. Ulceration is quite common.

They are never primarily multiple, except the melanotic sarcoma. After removal they tend to recur, and they may give metastasis.

The carcinoma alone gives rise to cachexia when metastasis has occurred.

Malignant growths kill by destruction of tissue and by metastasis.

I cannot enter into the pathological structure and microscopic appearance of the sarcoma and carcinoma as I would like to do, had I the facilities for illustration, but will simply state in brief a few clinical observations.

The sarcoma is essentially a connective tissue tumor in which the cells predominate, the intercellular substance being of minor importance. The preponderance of cells gives the tissue an embryonal appearance. The different varieties of sarcomata are based upon the size, shape and color of the cells, and upon the amount and arrangement of the intercellular connective tissue, and also upon their occurrence in certain organs and their association with other forms of growth.

The principal varieties are:

1. The round-celled sarcoma.
2. The spindle-celled sarcoma.

In the former the cell elements are round. Of these we generally recognize three varieties, viz., the small round-celled sarcoma, the lympho sarcoma, the large round-celled sarcoma. Of these, the small round-celled sarcoma is the most malignant.

The spindle-celled sarcomata are designated by some authorities as the recurrent fibroids. In these, the cells are spindle shape, and from the size of the spindle cells we divide them again into the large spindle-celled sarcoma and the small spindle-celled sarcoma.

Although the round- and spindle-celled varieties are the ones most commonly met with, yet other forms are of frequent occurrence. The myeloid sarcoma is characterized by the presence of cells of various shapes, including also giant cells. This form is often met with in bone, especially in the lower maxilla and in the femur. The name epulus is limited to this form of tumor when it springs from the periosteum of the jaw.

The alveolar sarcoma resembles the cancer in many respects, and by some authorities is so described. Its stroma has an alveolar arrangement, the acini being filled in with round cells. This form most frequently originates in warts on the skin.

The melanotic sarcoma is made up of either round- or spindle-shaped cells, or of

both kinds; and in the latter stage, the cells become charged with pigment in the form of granules of malanin. These pigmented tumors grow from structures normally containing pigment, as the skin, choroid of the eye, pia mater, etc. As a rule, melanotic tumors of the eye give metastasis to the alimentary tract, especially to the liver.

Other rare forms of sarcomata are the chloroma, the psammoma, and the various degenerations, including the cylindroma and a rare form spoken of as angio-sarco—myxomatodes.

Carcinomata are epithelial tumors in which the growth and arrangement are atypical. To these the terms cancer, carcinoma and epithelioma have been interchangeably applied.

Microscopically, the characteristic feature of the carcinoma is that the normal limit between the epithelial cells and the connective tissue is no longer maintained, and the appearance is one of penetration of epithelium into the connective tissue.

The shape of the epithelial cells in these tumors varies considerably, depending, first, upon the class of epithelium from which they spring, *i. e.*, whether squamous, columnar, etc., and second, upon the pressure of surrounding parts. The irregular cells resulting from pressure were formerly specified as cancer cells, but we now know that their peculiar shape is wholly the result of pressure, and that there are no specific cancer cells. The epithelial cells have rather pale neuclei and a good deal of protoplasm. A distinct fibrous stroma is seen holding masses of cells together. This stroma may arise from the pushing aside into bundles of the previously-existing connective tissue, and again, the stroma often becomes hyperplastic, giving rise to a special variety called scirrhus cancer.

The most common varieties are the squamous cancer, frequently met with upon the skin, especially at the boundaries between the skin and mucous membrane.

Second, the cylindrical epithelioma, or, as it is sometimes called, adenoid cancer. This form springs from surfaces supplied by cylindrical epithelium, as the mucous membrane of the stomach and intestines.

A third group includes the glandular cancers, or those which grow from glandular organs, and these in turn may be soft or medullary, and hard or scirrhus, depending wholly upon the amount of connective tissue present.

We also meet with certain degenerative forms of cancer, such as the colloid cancer, in which the cells are transformed into gelatinous masses, and the myxomatous cancer, in which the change is of a mucoid character.

Other rare forms of cancer are the myeloid, the melanotic and the cholesteatoma.

It will be impossible for me in this short paper to discuss all of the various kinds of sarcomata and carcinomata, bnt in order to summarize the clinical or macroscopic appearance of each group, I will simply contrast the leading points in differential diagnosis, believing in this way we can see more clearly how widely they differ in their clinical history.

The sarcoma is composed almost entirely of cells imbedded in a homogenious or reticular matrix. Its cells are endothelial, embryonal or lymphoid. Its blood vessels are without muscular walls, and simply form open channels between the cells.

There is no fat within these tumors proper. Metastasis is accomplished through the medium of the blood vessels. Sarcoma may affect the lymph glands primarily, but not by metastasis. They develop in the connective tissue substance and grow outward. The skin is not adherent over these growths, and usually they are not painful. They occur chiefly in young and well nourished individuals, their growth is very rapid, and they are not hereditary.

On the other hand, the carcinoma is composed of cells lying free in alveoli or spaces formed by the pushing aside of pre-existing masses of connective tissue. The cells are exclusively epithelial. True blood vessels and nerves run only through the connective tissue frame-work. Fat may be seen within the cancer tissue. Metastasis occurs through the medium of the lymphatics. These tu-

mors never develop in lymph glands primarily, but often infect them by metastasis. They develop from epithelium, usually peripheral, and grow inward. The skin over these tumors is frequently adherent. They are most always painful, and their occurrence is chiefly limited to individuals who have passed the middle age of life. Their growth is slow and they are often hereditary.

Such in brief are the leading points which distinguish these malignant metastatic tumors. I deem it scarcely necessary to speak of prognosis or treatment, as they are of minor importance to us when compared with the accurate diagnosis of these growths.

NOTE.—The classifications above given were taken from my note book of the lectures given by Dr. John Guiteras and Dr. Henry Formad, of Philadelphia.

Post-Nasal Growths and their Relation to Diseases of the Middle Ear.

By HAL FOSTER, A.B., M.D.,

LECTURER ON PHYSICAL DIAGNOSIS UNIVERSITY MEDICAL COLLEGE, LARYNGOLOGIST MISSOURI PACIFIC AND ALL SAINTS HOSPITALS.

Meyer, of Copenhagen, was one of the first to draw attention to the frequent occurrence and great importance of post-nasal growths. Several authors divide post-nasal growths into two diseases; that is, adenoid vegetations, and hypertrophy of the pharyngeal tonsils or retinoid tissues situated at the vaults of the naso-pharynx. If the hypertrophy is regular and lobular, it is called hypertrophy of the pharyngeal tonsil; if irregular, adenoid vegetations or lymphoid papilomata. Of course, in many cases the surrounding adenoid tissue is also hypertrophied, but rarely to such an extent as to be of much importance.

Many authors still seem to believe that the growths grow from the posterior wall and sides of the naso-pharynx. That this is not the case has been proved by the post-mortem examinations of Professor Trautmann, of Berlin.

The symptoms of post-nasal growths are very characteristic. The child (as children are mostly affected) is generally pale and weakly, with indrawn thorax and pinched nose. It keeps its mouth open, more or less, which gives it a peculiar and stupid expression. The lips are swollen and thick, often also the eyelids. The child sleeps with its mouth open, and invariably snores at night. There is a peculiar nasal twang, very similar to the speech in paresis of the soft palate. The child cannot breathe through its nose, and is subject to attacks of bronchitis. In nearly every case there is distinct history of recurrent disease of the middle ear. The growths can be easily felt by introducing the finger behind the soft palate. They can in most cases be distinctly seen by anterior and posterior rhinoscopy.

The treatment of post-nasal growths can of course only be a local one. Nearly every laryngologist has a favorite method of treatment. I use different methods, according to the nature of the growth.

They can readily be removed by the galvano-cautery. Local anæsthetics should always be used to avoid pain and frightening the little patient. If the growths are soft, they can be removed by the introduction of the finger nail behind the soft palate. If they are hard, I remove them with the ring-shaped curette, as recommended by Professor Rice, of New York. It removes the growth very readily, the operation is not painful (under cocaine), there is no danger of wounding any important structures, and what seems to me to be of very great importance, the operation can be performed in a few minutes.

The head and arms of the patient are firmly held by an assistant, the tongue is depressed, and the bent end of the curette is passed behind the soft palate. The flat end is then pressed well against the vault of the naso-pharynx, and finally drawn from one side to the other, thus cutting or rather slicing off the growths. I frequently operate in this manner without anæsthetics, and the removal of the growth is reduced to a minor operation.

If done in this manner, the growth can be removed at any time or place without the slightest risk and in a very short time. Post-nasal growths are to be met with mostly in children, and are undoubtedly

much more common than is generally supposed.

Meyer examined two thousand school children at Copenhagen and found that one per cent. showed distinct symptoms of the growths. He also examined seven hundred children at Haverstock Hill, and found nearly two per cent. had post-nasal growths. Doyen, of Leyden, saw four thousand children, and found five per cent. showed symptoms of growths.

The great importance of post-nasal growths is their intimate relation to diseases of the throat and middle ear.

Meyer examined 1,083 cases of deafness, and found eighty cases of post-nasal growths; 130 were affected with diseases of the middle ear.

I have collected from private cases and cases under my care at the Manhattan Throat Hospital, of New York, 198 cases of diseases of the middle ear in children under fifteen, and found that of these 198 cases, 101, or over fifty per cent. had post-nasal growths. These were removed in ninety cases, thus clearing up all doubt as to the diagnosis. About eighty-five per cent. showed symptoms of past or present affections of the middle ear.

These facts will, I think, suffice to show how very important it is that all children who suffer from recurrent or chronic disease of the middle ear or naso-pharynx be carefully examined, and the growths, if there be any, removed. In adults, other diseases of the naso-pharynx and also diseases of the nose become more frequent, and are in their way just as important for the treatment of diseases of the middle ear as post-nasal growths are in children.

DR. W. E. MCVEY went to St. Louis last week to represent the surgeons of the Kansas National Guards at the national meeting.

DR. OLDHAM, of Wichita, president of the Kansas Medical Society, called on us in April. The doctor has a strong mind in a strong body.

The Iatric Palæstra.

(PRESIDENT'S ADDRESS.)

Delivered at the joint meeting of the Eastern Kansas and Golden Belt Medical Societies at Topeka, April 7, 1892.

BY

WM. B. DEWEES, A.M., M.D., Salina, Kas.,
PRESIDENT OF THE GOLDEN BELT MEDICAL SOCIETY.

The society over which I have the honor to preside meets now in regular session for the twelfth time. Its membership includes a goodly number of the most learned, broad-cultured and successful medical men in Kansas. At its meetings are seen men whose power to teach others is a pledge to that humility which is ever seeking to learn. Its sessions are intellectual battle grounds where the open-minded man may feel the broadening influence of those who come with but one object — work, and the culture and training which ensures high capacity to work — to work and be happy.

This body is engaged not only in the high and responsible duties of doing its best to alleviate present suffering, but also of helping forward that knowledge by which posterity shall find the exercise of its art easier and more scientific. This should make us careful not to advance theories on insufficient data, but only after a well-considered study of facts presented to our observation. Amidst much good scientific work of the present day there is too great a tendency to hasty generalization An earnest professor in a well known clinic, in a small series of cases of a certain disease administers a new drug, in spite of which the patient gets well. In an elaborate essay bristling with chemical formulas the remedy is vaunted as a specific. But, after extended experience, is fated to be relegated to that collection of broken reeds to which the practitioner has unfortunately trusted in vain, when he has temporarily forgotten that he has to treat a disease *plus* an individuality.

Need we wonder, then, how so many men advance, how their opinions change, how their favorite theories are melted down to nothingness, in that wonderful crucible, the fiery furnace of experience, within a few years?

The greatest need at present is more records from men who are fitted to test the balance of evidence, and who are unbiased in favor of particular views. This admitted, I decided that I would seek to interest you by presenting a few points relative to the essentials of the Iatric Palæstra. It is hoped that this will serve its purpose in arousing the consciousness and co-operation of every member to this, the greatest need of the hour, in that which concerns the common good of all, so that this society may continue to hold a worthy place in first rank amongst the organizations of medical men.

Here permit me by way of digression to state that notwithstanding the copiousness of our language, we have no word in common use as an adjective corresponding to the noun physician, as the state has no derivative adjective. We cannot say stat-al, as we do governmental, and we cannot say physician-al, as we do ministerial. In expressing the idea then of the quality or attribute, I am compelled to use the somewhat barbarous term Iatric, which I trust will be pardoned from the necessity of the case, and since it has a recognized place in the vocabulary of the English language.

He who observes the progress of modern medical history with careful and prayerful eyes feels that he is standing on holy ground, before a burning bush, whose every twig is aflame with the Divine presence, calling forth the consciousness of nature, commanding all our noetic forces, in order that full-orbed physicianhood may obtain.

"Love, duty, safety, summon us away;
'T is nature's voice, and nature we obey."

A question which presents itself with great force to every member of this body is that which relates to the successful advancement of medical culture and training. We desire to succeed. It is our purpose and expectation to have our aspirations and endeavors crowned with success. Yet there are moments like the present, when we would give much could we know just how to do it. Fresh life, thought and fervency come to our profession through the introduction of young members into the affairs of professional life. What the spring time is to the vegetable kingdom, bringing the flush of new force through every branch and twig, starting buds for leaf and bloom in every node, young physicianhood is to our profession, bringing into it every year hundreds and even thousands of new members, with the intensity, vigor, courage and aspiration of youth itself.

In few things has the medical profession so great interest as in the initiation of young blood into the realistic labors of professional life. In looking after the welfare of the young graduate, we must not lose sight of the fact that:

He expects great things from the profession
And plans great things for the profession.

His success or failure in active professional life, as a rule, has its source in the preceptorship and the college. Chiefly in that he is possessing or lacking proper education for the age in which he lives, when admitted under the culture and training in the Iatric Palæstra. It must be admitted, truthfully speaking, that a large majority of the medical graduates initiated into our profession come short of attaining to anything like success in practical life. There must be a cause for this short-coming. As we see it, the cause is in the mistake that we too often take amiss in receiving students into our preceptorship and matriculates into our colleges. We do not sufficiently regard natural talent, necessary qualifications and the range of years. The ideal young man begins too late. From seventeen to twenty-two years of age is the golden period wherein the youthful Iatric Palæstrian should become cultured and trained with fitness for the initiation into physicianhood, with all its duties and responsibilities. After careful and timely observation, it does appear that we have been too indifferent of the characteristics of the student, more especially in the earlier years of this golden period. This may be accounted for on the ground that "he must sow his wild oats," and as the harvest is reaped we painfully learn that we both consented to the sowing.

The chief business of the student and of all those interested in and responsible for him is to provide for his success in the post-

graduate or active professional life. If he is neglected, if he is allowed to come through carelessly, if he is unadvised and undeveloped, there should be no surprise at failure. The ideal physician cannot always be made to order, and he is seldom found in stock ready-made. He is usually fashioned in the hard Iatric Palæstra by active labor and experience. The student may read about the work, commit its rules and principles to memory, see others explain and do it, until his hair turn gray, but yet he will ever remain unfitted without the actual practical culture and training of his own mind and hand. He must learn to do by doing. We have said that this model functionary cannot be made to order. He must have certain elements or talents latent or developed to insure success in the final product.

The youth who is habitually behind time will never make an ideal doctor; neither will the sickly, impatient, fretful, fault-finding, tale-bearing or selfish one. Nor yet will he who lacks altogether the bump of order or good habits; while he who is without genuine, unceasing devotion and close observation will be a woeful failure. "Like the baseless fabric of a vision," leave not a wreck behind.

On the other hand, the healthy youth who is prompt and always on time, who is patient, peaceful, kind and pleasant, who finds means to make others happy, who is attentive and orderly in the discharge of his daily duties, who is of good family and of good habits, quietly observing all around him with a studious eye, will be as sure in his growth to the ideal as it is certain that "tall oaks from little acorns grow."

Thus, then, lest we fail in our duties to ourselves and our profession in choosing the ideal student for the Iatric Palæstra, we as preceptors must—as the skillful architect, in his endeavors to erect a lasting, ideal structure, selects the timber with the most scrutinizing care—be guided by the rule to which experience must conform, namely: See that the applicant is seventeen years of age, of good family and of good health. That he manifests evidence of being endowed with natural talent for the practice of medicine, and that he possesses the necessary qualifications. In other words, see that the applicant is of good health, of good family, and of proper age; that he is qualified in being (1) exercised physically, (2) disciplined ethically, and (3) trained intellectually.

True, very unpromising timber has often been seasoned and planed and sawed by circumstances, and fashioned by patience, and developed by perseverance, at length into a very excellent product. But, all arguments to the contrary notwithstanding, there is no factory or mill or school so good as the palæstrical culture and training for securing a full knowledge and qualification for the student to do the best medical service, to win success in practical life.

THE AGE.—It may be argued that the age of seventeen is too early to begin, but a sober reflection will, I trust, show to the contrary. The ideal boy at the age of six years being initiated into physical, industrial and hygienic existence through the mystic ceremonies of seeing, hearing, talking, eating and playing, together with the prayerful care of loving parents, is no longer a child, but a "master," as we style him in the dignified phrase of ye olden time, in which there was more wisdom than we have suspected. He is then passed to school for seven successive years, where he is initiated into ethical and intellectual existence through observing, obeying, discriminating, classifying, remembering and thinking. He is now at the age of thirteen allowed to enter college, where he is revealed to his own mind, and the world is revealed to him through what he thinks and what others are thinking, and finally, through the thought of ages winnowed out as the classics of all time.

Thus by seventeen years of age he has been initiated into physical, industrial, hygienic, ethical and intellectual activity, personally, generally and universally, and there is scarcely any limit to his possibilities along the lines of natural talent.

EXERCISED PHYSICALLY.—Exercise being the law of growth, it is the source of the most necessary qualification, physical devel-

opment. This qualification is the foundation of the manly, active, healthy constitution whereby man becomes competent to win success in life and to enjoy life. It prepares him to live and become a source of happiness to others.

DISCIPLINE ETHICALLY.—The qualification of being disciplined ethically is equally necessary that life may be worth living. The first duty of man is to sustain himself—that he be not a burden to others—to sustain himself in full vigor of mind, soul and body, that he may perform every duty, and thus make life a success. I wish to lay all possible emphasis on ethical training, since it is in the highest degree profoundly moral in the truest sense of the word, and makes a character so noble and charming that all admire and love it. Without this qualification, in its broadest sense, it were better never to have been born. The industry and purity taught by this qualification are the amplification of the "Sermon on the Mount," the Decalogue, the Golden Rule, and the true spirit of the Hippocratic oath.

The idea that the ethical nature is just as educable as the intellectual, and that it is just as practicable to make a good man as a wise and intelligent one, is not yet entertained or acted on as it should be, in either our literary or medical institutions of learning. It is, however, a factor of the greatest magnitude, awaiting recognition before success is complete in our endeavors to establish an Iatric Palæstrical culture and training that will produce the ideal physician. This idea becomes a self-evident truth when we reflect that ethical development and culture are the necessary basis of all progress. Ethical energy arouses the entire brain, and thus furnishes the capital which may be expended in intellectual effort. Whereas purely intellectual labor not only exhausts the general vitality of the body, but impairs the tone of the brain, the moral energy, the manliness of the character, and ultimately the intellect itself, by its own influence taking away its psychic and physiological foundations. It is as impossible to sustain the intellectual nature without the force of the ethical as it is to sustain the oxygenation of the blood without the respiration of air. Ignorance is a trivial matter in comparison to crime, and intellectual shrewdness is no compensation for loss of virtue and happiness. Let me ask whether it were better for our profession and nation to be filled with shrewd and intelligent scoundrels as practitioners of the healing art, or with good but ignorant doctors? Echo has a cold or the wires are crossed, for echo brings no answer. But when I ask whether it were not better for the welfare and glory of our profession and country alike to have good and intelligent physicians, echo answers universally in the affirmative.

I have thus dwelt at length on this qualification, with the hope that I might sow good and fruitful seed to create a new sentiment of chivalry for ideal physicianhood. Believing as I do that it is herein that our educational systems are the most faulty, since it governs in addition to the intellectual alike the industrial and practical, it becomes a most material factor of the academic training of our student. Therefore, it behooves us, as enlightened physicians, to point out to the proper authorities this lack of training in our schools and colleges, lest they still continue as they have been continuing, and we shall in the future as in the past be denied the choosing of ideal medical students, except as to a very small number.

TRAINED INTELLECTUALLY. — There is much that might with propriety be said on this qualification, but time does not permit. I wish, however, to call attention, aside from what was said before in an indirect way regarding it, to the lack of cultivating original thought by the present school and college systems, which are well defined by Montaigne: "We toil and labor to stuff the memory, and in the meantime leave the conscience and the understanding impoverished and void."

Intellectual training, though alike necessary to an education, is itself but schooling, not education—a fragment or portion of an education as an arm is a portion of a man.

A much-discussed subject of late years is "What is the necessary qualification in lit-

erary knowledge, or in other words, the required literary or academic training?" I shall not attempt to recapitulate what has been so well and frequently presented on this subject by some of our ablest minds. Suffice it to say that there evidently exist diverse opinions which include the two extremes as to the required needs. I wish simply to place myself on record as concurring with that opinion which holds that capacity to master thoroughly the fundamental principles of arithmetic and the English language, together with a full knowledge of Latin and Greek, to understand French, German, or both, and physics, is all that is essential in the way of academic training. Far be it from me, however, to be contented with only these essentials as a proper qualification for the student. I would have with equal force made requisite the physical and ethical qualification as set forth already. Without these, we find mental training must ever be incomplete.

Here we find the lines that shrewd old Butler wrote in "Huidebras" are often true:

"Many a lad returns from school
A Latin, Greek and Hebrew fool;
In arts and knowledge quite a block,
But deeply versed in 'Hic, Haec, Hoc.'"

To know Greek and Latin is an essential requisite, but beneficial only when stored in a brain which holds down-right common sense. The value of reading and studying is immense, but a head continuously in the clouds is apt to become a dizzy head. True physical strength is an important part of the capital of achievement, yet we must see to it, lest of some it will be true what Dryden wrote of one: "Brawn without brain is thine."

A sound mind in a sound body is the natural alliance of youth. If allowed fair play, strength of muscle and strength of intellect will cling to each other like burrs. A young man who does not aim to be strong in every fiber of his moral, intellectual and physical being, is like a tree whose roots strike no depths in nutritious soil. The end of intellectual training is mental discipline. The end of education is to know and to do the best work.

We now come to the ideal medical student proper. He is received into the preceptorship at seventeen, and six months later allowed to matriculate in the medical college. In order that he may receive the best possible culture and training, it is an essential requisite that his course be so divided and extended as to give both the preceptor and the college instructor the fullest privilege to do their respective duties in educating his mind and training his hand, so that he will come through fully qualified to do the best medical service. To accomplish this the better, it suggests itself that the medical college course be divided into three distinct and separate classes or departments, namely:

First class, the didactic or freshman.

Second class, the clinical or junior.

Third class, the practical or senior. Allowing two years for each of the first two classes, and one year for the third. A session of six months for each year of the didactic and clinical classes, the remainder of the time to be passed under the preceptor's care. The practical student should be required to devote the entire year to practical training.

The Freshmam.—This course should consist of a thorough drilling in the principles of all branches of the medical science, and this chiefly from recitations from text-books. The lectures, however, should not be abandoned, but in a modified form from the old, dry lecture course be made auxiliary to the recitations; one-half of the time to be devoted to the recitations and lectures, and the other half to an equally thorough drilling in the minor accomplishments requisite for laboratory and dissecting room work.

The Junior.—This course should consist of thorough and complete instructions in clinical, bed-side, hospital and dispensary practice, together with a most thorough training by actual labor with mind and hand in the practical work of the dissecting room, the laboratories of the various branches, and other practical departments. The time to be equally divided, as in the freshman class.

The Senior.—This course ought to consist of a full training in all the duties of a prac-

titioner of medicine, to make a proper application of what has been acquired before, drilling again and again in every detail and devoting the entire time to the same, that the best possible proficiency may obtain. With our present knowledge, this could probably be best secured by a special department connected with the medical college, conducted on the plan of the existing and successful training schools for practitioners in Philadelphia, New York, and other large schools in this country.

In regard to the respective duties of the preceptor and the college instructor to accomplish this glorious work, let me sum them up in a general way, which must needs be brief.

The duties of the preceptor are to educate his pupil how to labor and how to think, to exercise his senses, to discern both good and evil, to cultivate habits that will establish a character for integrity and honesty, for industry and truthfulness, also promptness, patience, and a clear understanding of the general principles of nature's law with reference to the physical welfare of humanity, in short, the principle of a general medical knowledge in its fullest sense. He must educate him to know that a text-book is a dead letter unless he can get living, practical knowledge out of it. To know that new things are not all true, and that true things are not all new. To know that outward beauty means nothing unless accompanied by inward worth. The straight trunk of the tree, the graceful branches and the luxuriant foliage only bring it into greater condemnation if it be barren when it ought to gather its arms full of fruit. He must from an entirely new standpoint and with purpose teach his pupil to know himself, his weakness and his strength, circumstances with their heartlessness and helplesness, his fellow men with all their traits and tricks, their knots and tangles, their fiendishness and friendliness. He must by some process teach the pupil in these years how to make most of himself, his friends, his enemies, circumstances and of time.

The preceptor alone can educate the pupil in these as well as in the thousand and one necessary small things of private practical professional life. In short, the preceptor is to light up the pupil's brain with useful knowledge, inflame his mind with proper thought and industry, extinguish selfishness from his nature, and himself show the example of an ideal physician.

The duties of the college instructor are to educate the student to continue to labor and think rightly, to exercise his senses, to increase his love for the work, to cultivate habits that will prove as courtesy equally potential and universal forces; that like custom will dictate almost as tyranically as law, aiming to make universally available the advantages of harmonious activity, of keeping step professionally, of filling out his native powers, vocalized and emphasized, by a perfect blending with the ethical and æsthetical forces of the medical world.

And thus, like every true medical man, be organized with mankind, to become a part of the universal force of medical life. The various departments of medical polytechnics and sanatoria should be thoroughly taught by professors who are replete with knowledge that will expand like steam, and rise like clouds, and fall like rain, upon the uncultured mind of the student, who "work through their talk and talk through their work," endeavoring to do their part largely by laboring with the individuals rather than the masses, having learned to know by experience in the field of culture that most of the better fruit of their labors was "hand picked," and that culture is to know the best that is taught and said and done in the world; who know that after the statue is finished the work is but begun, and who also know the proper time to say: From this point you must go on by yourself, because I am going to bring on other young men in the same way.

The professors should also have knowledge to appreciate the importance of exercising the difference between their offices and that of medical treatises and text-books. They should know all that is in the text-books and more, but to tell their students all that they know would be as certain of failure in imparting knowledge as it would

be impossible for a musician like Mozart to secure an appreciative audience in the rendition of his master pieces among the South Sea Islanders. It is far better for them not to know all about their subjects than not to know what to emphasize and what to pass over in their teaching. Above all, they should bear in mind that the criterion of true instruction is not acquiring, but thinking; and that their teaching is of use only as it imparts to their students a clear comprehension of the subjects taught.

The instructors ought to know well the fact that industry or labor must become a habit in the process of education, or else it will be excluded by the habits of dissipation, dawdling inefficiency or dreamy speculation, which will be established in its place; that labor, the daily performance of duty in the work, is the very foundation of ethical character, without which the moral nature has no stamina. That it is the resolute doing of duty which makes the substantial ethical character that will stand the conflicts and temptations of life, and as labor is the chief duty of a physician's life, it follows that no medical education is entirely substantial which does not include labor. The student must be made to understand that this is the secret of success in his life — to the fulfillment of self-government — to qualify him to act wisely from his own impulses when free from restraint — that increase of knowledge and discovery depend upon ethical education through labor or industrial occupation, and that success of individuality comes from working with nature.

The student must become a wise, independent and efficient physician by seeing, handling, doing as well as trying, failing and succeeding. That he may be successful he must be taught not to look upon medicine as a mere science, because it is more than that, it is wisdom sublimated from many sciences. This is why the liberally educated and close observers of nature, in all her workings, prove so much more successful in the practice of medicine than do those who as mere scientists work by rule and scale.

Efficiency implies an object to be obtained. You cannot make an idle boy efficient, nor a wandering leaf, nor a plank afloat upon the waters. The idle boy must conquer idleness, the leaf must lie still and give itself to its destiny of helping on the life of later summers, the plank must cease drifting and must help to build the home or feed the fire, or they can never become efficient. The hand that draws the bow and the eye that aims the arrow will be efficient in proportion as the skill and strength suffice to reach the golden centre of the mark.

The professors should aim to win by cultivating the student's mind to loyalty, not subserviency. The principle involved is the blending of self with others, so as to gain the emphasis of union with the forces, and thus the practical training would be an interesting application of principles, like a chemical experiment made to illustrate a lecture.

Therefore, the practical training and culture should be social, by friendly groups, whose conversations, discussions and explanations over their work, would make it interesting, and give the additional stimulus of emulation to attain superior skill. So also competitive groups would never lack for interest and animation. Every character is molded by the social surroundings, as a planet is developed by the sun and air. The student must learn to realize fully before he is allowed to come through, that efficient culture for any career must be rehearsal and practice; for well is it known that the noblest faculties of men are strengthened and perfected by struggle and effort; that it is by unceasing warfare against physical evils, and in the midst of difficulty and danger, that energy, courage, self-reliance and industry become the common qualities of the ideal physician. That no character is complete without a touch of heroism in it, the main element of which is not bravery, but endurance. That hope and fear have but little to do with success — success as a rule being earned. That "real wisdom is always simple," and "true greatness is always humble." That faith is success, no matter what the world says, and the secret of a noble life lies in belief, and

the characteristic of all noble minds is the vigor with which they believe that which is true.

Our profession has learned that at all events we can steadily broaden and heighten our conceptions of medical science. We are already beginning to verify Lowell's prophetic statement: "Science was faith once. Faith were science now, would she but lay her bow and arrow by and arm her with the weapon of the time."

The uneducated mind may see the same things as the educated one, but the latter alone "sees their flowing and metamorphoses." The true physician endeavors to learn the secrets of nature by reverently questioning her. Let this much at least be the earnest of our advance. Let us then evermore speak with the authority of genius that is shown by our faith in the power of nature to cure disease, and the caution with which we estimate the power of medicines to do so.

Let us endeavor that the teaching of modern medicine will be progressive in the direction of a better regulated mode of life, prevention rather than cure, or, if cured, rather by a reconciliation with offended nature than warfare with disease by medicine. When this obtains, then may we hope to see the day of the perfection of our science when patients will derive benefit from consultation with their physician, though they will come away with no prescription and without having taken any drugs from his hand. At present the vulgar mind cannot understand the reason of this, and the hard scientist smiles a little sardonically at the idea. But frankly do I admit myself a firm believer in the truism that the light of nature, aided by conscience, was not able to reveal to mankind in a single age or century all that should be known and done with reference to God and man; that the immense history of humanity may be viewed as a field in which medicine, taking the form at last of science, will gradually find opportunity for the revelation of its glorious nature. Let the loud Iatric tocsin toll till their last alarm also announces the medical millennium.

As preceptors and college instructors, let us then ever endeavor with ceaseless devotion so to culture and train the medical student that he will come through fully qualified, first, as a great specialist in general medicine, and last, as a great generalist in the specialties of medical polytechnics and sanatoria. The former the positive, and the latter the negative pole of the medical educational battery, which two must go hand in hand in order to close the circuit, and thus allow the current of knowledge to bring the student through fitted for initiation into our ranks, so that he may obtain that consummate skill which will enable him to become a living monument of his earnest labors, his broad intelligence and his command of knowledge.

Those of you whose experience has been like mine have likewise acquired the knowledge that you will not always find a generous Childs in the editor's office; more often a one-eyed, color-blind and selfish man who has failed in his early efforts, and who is not in touch with the times.

But remember it is manuscripts that were once refused and laughed at that command the world's attention to-day, and a broad purpose in life will change even ridicule into the golden spire of success. Kansas physicians as a rule are not credited with an excess of superstition, of hero worship or of reverence for antiquity. The materialistic present, ever at hand with its multifarious demands, crowds sharply upon past reputations, customs, beliefs and characters, though these are all imperious and have tyrannized over us as slaves, who, like our predecessors, obeying their mandates. But when the spirit of iconoclasm and demolition becomes arrogant by the prompting impulses of a pent-up soul, longing to be freed, our own native reverence and inborn devotion to the ideal come to the front in undiminished power. Now that our medical literature is passing beyond its first great period, its students and lovers, young and old, are beginning to stir with the devotion of pilgrims, and to look about them and in the book of nature for those ideal characters, as well as the things that make the ideal seem real, and bring the distant and

the great within the knowledge and enthusiasm of us all. Thus it becomes a means towards an end, and the end is the quickening of knowledge and idealism. As Shakespeare reminds us:

"Ignorance is the curse of God.
Knowledge is the wing wherewith we fly to heaven."

We need not fall in attitudinizing admiration, like Moliere's learned ladies, before the first medical Trissotin we meet, but we can fitly find as did Longfellow, strolling beside the river that Irving loved and glorified:

"A memory like the breath of summers full of sunshine and of flowers; a grief and gladness in the atmosphere."

Let us continue to gain knowledge of ourselves by studying other men. To behold a reflection of our possible self in every doctor we meet, on the principle laid down by Gœthe: "As I grow in years I grow more charitable, because I see no fault committed by others that I have not committed myself."

Instead of saying with Carlyle "The true university is a collection of books," let us declare that the best Iatric Palæstra is a collection of broad-cultured men. Let us bear in mind that physicians can be made neither by driving nor by coaxing; also that costly libraries and splendid colleges have no magical power to make doctors. The inspiration of the example of educated men is the best surety that the generation which succeeds them will be likewise men of culture. In all circumstances as a man is under God the master of his own fortune, so is he the cultivator of his own mind and the trainer of his own hand. The greatest of all teachers, in his day, our immortal Dr. Joseph Leidy, had not the pre-eminence because nature had given him strength and he carried the largest mind and hand, but because in addition to these, self discipline had taught him how to use them.

Every physician, therefore, must educate himself; his books and teachers are but helps. The work is his.

THE state society meets at Wichita May 4.

SOCIETY PROCEEDINGS.

Joint Meeting of the Republican Valley and State Line Medical Societies.

The societies convened in regular session in the Eureka parlors, Concordia, Kansas, April 5, 1892. Dr. G. E. McKeeby, president of the State Line society, was chosen presiding officer during the meeting. Drs. C. F. Leslie, of Clyde, Kas., and T. W. Moffitt, of Superior, Neb., acting as secretaries.

Members present, of Republican Valley society, Drs. J. H. McCasey, S. C. Pigman, F. L. Marcotte, G. A. Wall, C. F. Leslie, Geo. N. Lowe, M. N. Gardner, M. B. Ward, J. W. Mitchell, J. C. McClintock, Julius Wessilowski, W. R. Priest.

Members present, of State Line society, Drs. G. E. McKeeby, W. G. Haning, W. J. Raynor, T. W. Moffett, W. R. Priest.

New members admitted to the Republican Valley Medical Society: Drs. W. G. Haning, Ensworth Medical College, St. Joseph, Mo., 1886, Rush Medical College, Chicago, 1889; W. J. Raynor, Hardy, Neb., Ohio Medical College, 1880; J. S. Billingsley, Belleville, Rush Medical College, 1883; Wm. Kemp, Belleville, Albany Medical College, 1882; T. W. Moffit, Superior, Neb., Rush Medical College, 1882; D. R. Pelton, Topeka, Keokuk Medical College, 1874; S. E. Sheldon, Topeka, Cleveland, Ohio, 1860; G. E. McKeeby, Red Cloud, Belvue Hospital Medical College, 1868; W. W. Stewart, Courtland, Ensworth, St. Joseph, 1886.

Board of censors, Drs. Pigman, Lowe and Wall.

New members admitted to the State Line society: Drs. S. E. Sheldon; R. S. Magee, Topeka, Kansas City Medical College, 1890; J. S. Billingsley; Wm. Kemp; D. R. Pelton; J. C. McClintock, Topeka, Rush Medical College, 1879; F. L. Marcotte, Concordia, Chicago Medical College, 1877; M. B. Ward, Topeka, College of Physicians and surgeons, 1879.

On motion it was decided to hold the next meeting in Superior, Neb., and that the two

societies meet together in joint session the second Thursday in July.

Committee on arrangements for next meeting: Drs. Moffett and Mitchell, of Superior, Neb., and Drs. Pigman and McCasey, of Concordia.

Society adjourned until 1:30 P. M.

AFTERNOON SESSION.

Dr. G. N. Lowe, of Randall, read a paper on spina bifida. The paper was a report of several cases occurring in the doctor's practice. He gave the etiology down to the latest date from the best authors, together with his own ideas from investigation and observation.

Dr. Marcotte gave a report of two cases of spina bifida in his practice. Parents of each had syphilis. The first, a lady seven months in pregnancy, gave birth to a fœtus, weight 2½ lbs. This premature birth came without any injury and without any fright. The afterbirth was unusually large. The body was well developed and presented nothing abnormal, with the exception of an œdematous condition of right labia majora. The skull was somewhat quadrangular in form. The occipital segment was rudimentary, small, concave, and not articulated with parietal plate. The parietals were greatly malformed. They fell on the shoulders in shape of an arch, the base of which lies about one-half inch posterior to the coracoid process of scapula. They unite perfectly with the frontal bone; coronal suture deep. The temporal bones well represented. Arches of vertebræ entirely absent. A thin, shining membrane covered the spinal cord to about the region of the first lumbar vertebræ. Face flat. Eyes prominent. Ears round and small. Fœtus was still-born. Presents a striking resemblance to a frog. An acephalus and spina bifida. (With photographs.)

The other case was somewhat similar; both still-born. Children of primiperæ. In the second the spina bifida was only partial, extending to first dorsal vertebræ. Child was born at full term and weighed six and one-half pounds.

Dr. J. H. McCasey said he had seen the cases reported by Dr. Marcotte, designating the acephalus as a monster. He believed like the author that spina bifida is due to a lack or an arrest in spinal development.

Dr. Ward, of Topeka, then favored the society with a talk on early recognition of pelvic diseases. Exhibited several specimens, among which was a par-ovarian cyst; diseased ovaries and tubes and a hæmatosalpinx.

The doctor claimed that that it is not the large tumor which by its pressure causes the trouble always, but it is the small tumors which by their frequent inflammatory paroxysms produce adhesions and consequent pelvic neuralgias. The practitioner must be able to diagnose these troubles. The doctor also stated that he did not find it to be the case that where the ovaries (diseased and rotten tubes) were removed that the sexual appetite was lost, but on the contrary, it remained and was enjoyed to a much greater degree after having gotten rid of the pelvic pain and consequent suffering.

Dr. Sheldon, of Topeka, emphasized the importance of early recognizing these pelvic troubles, and the necessity of surgical interference. As to loss of sexual desire after removal of the ovaries, thought such was not the case. Gave an instance where it was heightened. A frequent symptom and one which aggravates these troubles is loss of peristaltic movements of the bowels. Said he had found the ox gall or filling the bowels with some bland oil excellent in such cases. Boric acid water also good.

Dr. McClintock.—My experience has been that the sexual appetite is increased at first on account of increased blood supply to the part. But I believe finally it will be lost.

Dr. Pigman thought it was hardly possible to expect the sexual desire to remain after the ovaries were removed. Would not operate if there was any other resort.

Dr. Raynor said like Dr. Sheldon he had this annoying symptom of loss of peristalsis in some of his cases. I would try the treatment outlined by the doctor.

Dr. McKeebey.—Price, of Philadelphia, claims most of these cases are due to gonor-

rhœa. I have watched some of them, and believe that no man who has ever had the clap can ever have a healthy wife. I do not believe electricity should be used indiscriminately in tubal diseases. A partial removal of the ovary I believe should, when it is possible, be done, for the reason that pregnancy has taken place after the removal of a considerable portion of the ovary.

Dr. Leslie, of Clyde, said that he had been much interested in the study of gonorrhœal infection. Never saw, without a single exception, a healthy woman whose husband had gonorrhœa. He always advised a young man in such a condition to postpone the wedding day as long as possible. He thought it his duty to do so.

Paper was further discussed by Drs. Moffett and Wessilouski.

Two papers on epilepsy were read: A report of case by Dr. McClintock, of Topeka, on "Epilepsy from traumatism." The second by Dr. Pelton, of Topeka, "Epilepsy, its etiology and treatment.

These papers were discussed at length by the members of the society. The following is Dr. McClintock's paper:

TRAUMATIC EPILEPSY.

W. D. S., a young man of 20, of large frame and good muscular development. He gave the following history: Nine years ago he was kicked on the head by an unshod horse. There was quite a depression produced at the time, so deep that his father says he could lay his fingers in the hole. The physicion who was called decided that there was no fracture of the bone, but that the depression was entirely in the soft tissues. He seemed to recover from the injury with little discomfort, and no investigation was made. About four years after the accident the first serious difficulty appeared. He began to realize that he could not apply himself to study for any length of time, nor could he read continuously. There was a growing sense of dizziness and confusion of thought whenever he made an effort to so apply himself. Later, physical exertion brought on the same dizziness, accompanied by severe headache, redness and congestion of the eyes. For the past two years his mind has been seriously affected. He repeatedly went off on wild expeditions to places where he had no business, and devised numerous schemes for making money without regard to his ability or circumstanstances. He would order merchandise of all description from eastern firms, and such orders were often sent to his address, much to his father's astonishment. He said that he had had several attacks of sun stroke, becoming overheated while at work on the farm. Such attacks were followed by great prostration and violent pain in the head.

His father brought the patient to Topeka for examination early in September, 1891, and Dr. W. S. Lindsay assisted me in the diagnosis of his case.

His face presented a peculiarly one-sided appearance. Examination of the point of injury revealed a depression fully two inches long, of a semilunar shape, with an undepressed upper border presenting a sharp edge above the left temporal ridge. Investigation of his supposed sunstrokes established the fact that they were nothing else than the on-coming of true epileptic seizure.

The aura showed itself first in the right leg. An operation to relieve the pressure at the point of injury was advised.

September 19 the patient was operated upon. Two trephine buttons were removed after exposing the skull by a semilunar incision following somewhat in the line of the old scar. One of the trephine openings was near the anterior border of the temporal bone, immediately above the temporal ridge. The other was in the frontal bone, an inch in front of the former. These were enlarged toward each other until only a narrow bridge of bone was left. The pressure which had been exerted at this point was very nicely demonstrated by the expansion of the brain into the enlarged trephine openings. The bridge of bone depressed the expanding tissue to the dephth of half an inch. The skull was more than a half-inch in thickness, and demonstrated a greater depression of the inner table than of the outer, a condition impossible to determine from external appearance.

The bridge of bone was removed by further use of the rongeur forceps. A depression lower down was quite evident. The temporal fascia and muscle were elevated and all the depressed bone in the temporal fossa removed, leaving an opening in the skull two and one-half inches in length, one and one-half inches wide.

Two bleeding points in the diploe were sealed by the actual cautery—a knitting needle heated in the spirit flame—and the wound was closed without drainage, since perfect asepsis had been maintained throughout. The recovery was uneventful. The patient left the hospital for his home October 8. He had been going about for more than a week, and had even been down town.

At this writing the patient has had no return of the epilepsy, nor of any unfavorable symptoms, but has continued to improve in appearance and general health. For a few weeks after the operation albumen appeared in his urine, a condition probably resulting from the use of ether in the prolonged anæsthesia necessary in the operation. This condition yielded readily to the usual treatment by an absolute milk diet, and there has been no trace of albumen since.

Dr. Wall, of Topeka, read the closing paper, "Foreign bodies in the eye, and their removal."

In discussion, Dr. Magee of Topeka, said that too much care cannot be exercised in searching for foreign bodies in the eye, and as an additional aid to what has been said, would recommend the ophthalmoscope. This gives a red field to the pupil, and any object, however small, on the cornea, will show black on this red back-ground, and can then easily be removed with the spud. As little of the corneal epithelium should be removed as possible, as there is always liability to corneal ulceration following. A pigment spot in the iris should not be mistaken for the corpus alienum.

Officers elected for ensuing year for Republican Valley:

President, Dr. F. L. Marcotte, Concordia; First Vice President, Dr. C. F. Leslie, Clyde; Second Vice-President, Dr. J. S. Billingsley, Belleville; Secretary, Dr. S. C. Pigman, Concordia; Treasurer, Dr. J. H. McCasey, Concordia.

The meeting was one of profit. The joint meeting was an adventure, and a motion to meet in Superior in July in joint session was considered an emblem of its success.

C. F. Leslie, M.D., *Secretary.*

N. E. K. M. & P. Association.

The society met in Netawaka April 12, 1892, at 2 P. M., in Dr. L. P. Paddock's office. Vice-president Dr. P. R. Moore, of Effingham, occupied the chair in the absence of the president, Dr. Fitzgerald. Minutes of last meeting read and adopted.

Members present: Dr. P. R. Moore, Effingham; Dr. S. M. Riggs, Muscotah; Dr. L. P. Paddock, Netawaka; Dr. W. E. McVey, Dr. S. E. Sheldon and Dr. R. S. Magee, Topeka.

Dr. J. E. Love, of Whiting, was present, and was elected to membership. The doctor is a graduate of Rush Medical College, 1882.

Dr. Sheldon favored the society with a verbal report on antiseptic surgery. The doctor said:

"Antisepsis is the forerunner of asepsis. Listerism was the first beginning. Absolute cleanliness is followed by just as good results as when antiseptics are used. First, what is sepsis? What is asepsis? Sepsis is a pathological condition produced by certain germs or their products on diseased tissues. For the favorable development of germs the following conditions are necessary: 1. Warmth. 2. Moisture. 3. A suitable media. 4. Germs. The absence of any one of these makes the chain incomplete, and there will not be a suppurating wound.

"Now what methods do we use to prevent pus formation? 1. Eliminate the germs. 2. Dress the wound dry. 3. Eliminate from the wound all dead tissue, blood, blood plasma, any tissues which are devitalized. The most suitable media for germs is dead, devitalized tissue. 4. Making the wound and surrounding parts absolutely clean.

"The treatment of wounds to-day is a

treatment of absolute cleanliness. Germs develop most favorably in a media composed of devitalized tissue, blood, blood plasma, fibrin, and in fact all the tissues.

"Some persons have lower powers of resistance than others, and in these, wounds do not heal so kindly. It is not the germ itself that produces the toxic effects, but the ptomaines.

"The wound should not only be made ordinarily clean, but microscopically clean—scrupulously clean. Not only cleanse the wound, but the surrounding parts about the wound must be made just as clean. Chemical agents should not be used in cleansing the wound if they can be avoided, as they are liable to do injury to the tissues.

"Antiseptics prevent development of germs, while germicides destroy the germ life. The leucocytes of the blood and blood serum are antagonistic to germ life because of their aseptic condition. They prevent the entrance of germs into the tissues to a large extent. Shock and hemorrhage should be lessened as much as possible. If tourniquet is used, should not be left on longer than can be helped, as it reduces vitality of parts below it. I know of nothing that will relieve surgical shock better than warmth to the spine. It beats all the alcoholic stimulants you can pour into your patient.

"You find a man wounded. Don't be in a hurry. Don't stick your dirty fingers into the wound to see how deep it is, or allow anyone else to. We often infect the wound ourselves. But take the man to a clean place or one you can make clean. Then go and wash your hands. Scrub them thoroughly with nail-brush and soap, then wash them in alcohol or hydro-naphthol. Now if I can coaptate the wound in all its parts, I do not use a drainage; if not, and I have any doubt, I use drainage—rubber tubing or horse-hair, whichever I may deem advisable. An open wound, however, need not be a suppurating wound if it be kept clean. After coaptation, it is a good practice to sprinkle a dry powder over the edges—aristol, iodoform or boracic acid. This, with the serum, forms an impenetrable cake over the wound. In open wounds, I first cover with McIntosh, then put on the light dressings, over this, and if I suspect suppuration I make openings in the McIntosh to allow the pus to pass through onto the lighter dressings.

"Make instruments, ligatures and dressings perfectly aseptic by boiling, as well as yourself. In case of amputations, the part below as well as above must be wrapped in aseptic cloths to prevent infection of the wound and parts that remain. These surgical dressings are not expensive. Temperature of the room must not be below 80°F. Keep your patient warm, wrapped in warm blankets or on a hot-water bed."

Dr. Riggs.—"How strong a solution of carbolic acid or corrosive sublimate does it require to be a germicide? Does heat destroy the germicidal properties of carbolic acid or bichloride solutions?"

Dr. Sheldon.—"It takes 1-40 of carbolic acid and 1-1000 of corrosive sublimate to make germicidal solutions; not so strong for antiseptic purposes. Do not think that heat injures the properties of the solutions, but if anything, favors them."

Dr. Paddock.—"I always use the antiseptic solutions as strong as possible, so as not to destroy the tissues by absorption or by devitilization."

Dr. Paddock then read a paper on pneumonia. He said:

"Pneumonia is an acute general fever, characterized by local lesions, inflammation and congestion of the alveoli. There is a consequent exudation completely closing up the air sacs, thereby rendering them impervious to the air. The stages are: 1. Engorgement. 2. Red hepatization. 3. Resolution or absorption. There are two forms, commonly called 1. Croupous or lobar. 2. Catarrhal or lobular.

"The catarrhal does not go through these stages as well marked as the lobar, cough is more marked. Crisis not so well marked; more gradual. Sputa rusty brown in lobar, changing to rusty, while the lobular is streaked with blood from the beginning. The catarrhal more grave and lingering, liable to gangrene. Do not find the lobar form in children, but the lobular;

the lobar most always in the aged. Pepper's statistics show about one-half of the deaths after sixty years are from pneumonia. The etiology is unsettled. Most likely, bacteriological, usually ascribed to catching colds, producing irritation. There must first be a pathogenic germ. 2. An exciting cause. 3. Proper soil.

"*Symptoms.*—Prodromal chill, usually at night. Lancinating pain in the submammary region. Great prostration—very willing to stay in bed. Pyrexia 103-105°F. Accelerated pulse, 120-140. Usually dyspnœa. Dullness over affected lobe. Hectic flush, circumscribed, on both cheeks, usually.

"Indications for treatment are: 1. Pain. 2. High fever. 3. Cough. 4. Prostration. 5. Heart failure.

"I give Tully's powder in five-grain doses to relieve pain. Cathartic to keep bowels well open. For the high temperature I give antipyretic doses of quinine. Not much inclined to wet packs. Bleeding in plethoric cases. The cough will get along without treatment. The prostration should be relieved by stimulants, tonics and nutrients. Food that will be easily digested should be given. The tendency to heart failure should be met promptly by alcoholics, digitalis, strychnia or carbonate of ammonia, and gum camphor. Large doses of digitalis said to be good. In one case where I had given up all hopes, as a last resort I gave twenty drops of the tincture of digitalis every two hours, and she made a good recovery."

Dr. Sheldon.—"How does quinine act as an antipyretic? I have never seen the case of pure, simple pneumonia where I thought I would be justified in giving the antipyretic doses of quinine, because of its depressant action. Am afraid to give it for fear of increasing the tendency to heart failure. I think it due to its action on the nerve centers. I begin my treatment by using carbonate of ammonia. This is my sheet anchor, combining it with antipyrine or opium occasionally. Cantharides blister locally applied gives good results not only by local irritation, but through absorption and constitutional effect. Keep the chest, particularly in children, encased in warm cotton batting and hot fomentations. The bacteriological origin, pneumococcus, is fast gaining ground."

Dr. Riggs.—"We should determine whether the secretions are acid or alkali, and treat accordingly. Invariably in connection with my other treatment I apply a good, warm jacket-poultice (mush), something hot to keep in the body heat; also hot turpentine stupes."

Dr. W. E. McVey.—"I think the percussion and auscultatory signs the most reliable means for making a differential diagnosis in pneumonia. There is a form of pneumonia which results from tubercular deposition, and it is in this class of cases that we are liable to have abscesses. In the croupous form, I consider the best treatment is the early stimulant plan, digitalis or whisky. In the catarrhal form, hot applications, stimulants and ammonia carbonate. I have followed the early stimulant plan of treatment in my own practice with good success. For high temperature there is nothing better than sponging with warm water. The evaporation lowers the temperature. Large doses of quinine increase the tendency to heart failure."

Dr. Magee.—"I believe the fever, unless it runs too high, should not be combatted with antipyretics, as it is nature's method of eliminating the poison within. Alcoholic stimulants furnish corbonaceous material for oxidation, thus saving the tissues, tiding the patient over, as well as the stimulant effect. I believe that catarrhal or lobular pneumonia is productive of caseous degeneration. Small areas of this caseous material, scattered throughout the lungs, become foci for tubercle bacilli infection. These nodules, being of low vitality and cut off from vascular supply, soon break down, and pus is the result."

Dr. P. R. Moore.—"We never find a temperature in simple, uncomplicated pneumonia, above 101°-102°. When a high temperature exists, 104°–106°, I think it is due to malarial poisoning or a torpid liver. And in these kind of cases large doses of quinine give splendid results and is about

all the treatment necessary. I usually apply tincture of iodine to the chest, then wrap in warm cotton batting. Occasionally a blister over the heart is applied. If much pain and cough, carbonate of ammonia and small doses of opium."

Election of officers was then held, resulting as follows:

President, Dr. P. R. Moore, Effingham; Vice-President, Dr. J. H. Brown, Wetmore; Secretary, Dr. R. S. Magee, Topeka; Assistant Secretary, Dr. W. E. McVey, Topeka; Treasurer, Dr. S. M. Riggs, Muscotah.

The following amendments were presented to the society for action at next regular meeting:

1. ELECTION OF OFFICERS.—Be it resolved, that Art. IV be changed so as to read June and December, instead of April, August and December, and that the coming officers continue in office until coming December.

2. TIME OF MEETING.—Be it resolved, that Art. V be changed so as to read bimonthly instead of monthly, as heretofore.

Adjourned to meet in Whiting, June 14, 1892.

AFTERNOON SESSION, 2 P. M.

What the tongue tells us in disease—Dr. S. M. Riggs, Muscotah.

Summer diseases of children—Dr. Best, Centralia.

Hydrophobia, with cases—Dr. J. E. Love, Whiting.

EVENING SESSION.

Antiseptic midwifery—Dr. M. R. Mitchell, Topeka.

Ophthalmia—Dr. R. S. Magee, Topeka.

Chronic rheumatism—Dr. Joseph Haigh, Grenada.

Disease of the stomach—Dr. L. P. Paddock, Netawaka.

Clinics and reports of cases at any time during the session.

DR. R. S. MAGEE, *Secretary.*
DR. P. R. MOORE, *President.*

THE program of the state society will be found on pages 597 and 598. Go to Wichita prepared to discuss the papers in which you are interested.

The Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in Lincoln Post Hall April 5, at 8 o'clock P. M. There were present Drs. Peers, R. E. McVey, Powell, Longshore, Mitchell, Munn, Cannon, Morgridge, Lewis, Beers, Rodgers, O'Brien, Ayers, Righter, Smith, Minney, Barnes, Lindsay, W. E. McVey, Conger, Stewart, Donaldson, Eastman, Gilbert, and visitors Gundry, Batty, Dillon and Wood.

The applications of Dr. J. L. Gilbert, Kansas Medical College, 1892, and Dr. J. L. Owen, Kansas Medical College, 1892, were referred to the board of censors.

The minutes were read and approved, with the addition of the names of O'Brien and Munn to the list of members present.

The board of censors reported favorably upon the following applications for membership: Dr. Pickard, of Burlingame, and Dr. Bunn, of Lawrence, for honorary membership, and Dr. F. H. Conger for active membership, and they were duly elected.

The first paper of the evening was presented by Dr. Powell, upon the "Differential Diagnosis of Malignant Growths."

In the discussion of the paper Dr. Morgridge said.—"It is refreshing to listen to a scientific discussion of a vast subject like that of neoplasms. Think of the time when the clinical classification was made, then the anatomical, and finally the embryonic classification, which embraces all kinds of neoplasms, and places each where it belongs. The classification given by the author of the paper embraces all kinds; yet there are some kinds of growths which he has necessarily omitted. The clinical and anatomical classification did not satisfactorily place the different growths, and they could not be clearly described in that manner."

Dr. Rodgers.—"I understood the doctor to say a tumor which was a result of metastasis would be malignant. To me this seems doubtful, for I call to mind tumors which occurred in different parts of the body, resulting from metastasis, which were cer-

tainly not malignant. I would like the doctor to explain if this is so."

Dr. O'Brien.—"It was to be expected that the doctor would give us a scientific and scholarly paper. I have always felt that while the examination of tumors by the microscope is conclusive, the field to be used by the general practitioner would be better appreciated. This, however, was not covered by the author, and doubtless was not intended to be."

Dr. Minney.—"I came to listen and to learn, and I have listened and learned. The subject is not yet fully understood, and the microscope fails often to reveal the facts. Tumors which resemble each other microscopically are often very different clinically, and vise versa." The doctor then reported a case of tumor of the eye which was diagnosed sarcoma, and the tumor removed. In three months saw the case again and the eye was well, but metastasis occurred and the man died of cancer of the liver. "Microscopical appearances will often deceive us."

Dr. Stewart.—There is one point thought of concerning heredity: Authors give us a number of tumors which are considered to be hereditary, and yet when we come to look at the matter carefully, it seems this is an open question. The fact that members of a family die of tumors, one after another, does not prove it. The same predisposition, surroundings and manner of living have much to do with it. Patients often feel doomed by the fact that their predecessors died of cancer. We can comfort them by telling them it is not necessarily so."

Dr. Munn.—"A little experience I had in diagnosis occurs to me. A young man came to me with a growth from the maxillary bone which I diagnosed epulis, and my diagnosis was confirmed by the microscope. I recommended quite an extensive operation for its removal. The patient afterward went to Kansas City, and by a little scraping it was claimed to be cured."

Dr. Powell, in closing, said: "In reply to Dr. Rodgers, I would say true metastasis, that is, carrying poison by means of blood vessels to other parts and a tumor started there, is evidence of malignancy. Dr. O'Brien's criticism is just. I mixed up the clinical and microscopical appearances, but I gave the clinical so far as I knew them in connection with the other.

"Dr. Minney's criticism is wholly unjust. When we know the characteristics of carcinoma and sarcoma we can recognize them in different tissues. In the sarcoma it is the lack of stroma and lack of vessels and preponderance of cells. In carcinoma it is the stroma and the blood vessels running through which distinguishes.

"In reply to Dr. Stewart, there are so many cases where heredity is evident and appears where habits diverge, that we cannot agree that it is dependent upon similar habits and surroundings.

"The diagnosis in Dr. Munn's case is not disturbed by the results, for a complete removal will prevent its occurrence, but unless it is complete it will likely return."

Dr. Morgridge presented a report of an autopsy. In opening the discussion, Dr Eastman gave the following history of the case:

"The subject of this report had had biliary colic at various times for several years. At the time I first saw him it was supposed that the hebetude was due to the morphia which had been given him to relieve the pain, and he was given treatment accordingly, though many symptoms were absent. He was partially restored to consciousness and spoke to us, but later his respiration increased, and in twelve hours was between seventy and eighty. There was then some cyanosis. I was then satisfied there was some mechanical obstruction to respiration, and pulmonary embolism was suggested, though no clear diagnosis could be made out. This rapid respiration continued for two or three days."

Dr. Righter.—"When I saw the patient I endeavored to diagnose a pneumonia. It seemed quite different from ordinary cases of morphia poisoning, but I thought it might be a rare case. There was no elevation of temperature. None of us that were present knew that he had ever had bilious colic, but discovered that fact later from Dr. Wall,

who had known him well. I do not think the morphia had anything to do with the formation of clot."

Dr. O'Brien.—"This case receives its chief significance because of the possible relation of the death to the remedies. The question for us to decide is whether these remedies in any way abridged the life of the man. Dr. Morgridge's reasoning is good, but perhaps not always safe, reasoning after the fact. The unlimited administration of morphia to relieve pain is a very dangerous method. There is a line beyond which we should not go. It is exceedingly difficult to relieve the pain of renal or biliary colic, and in order to do so very large doses must be used."

In answer to Dr. Munn, Dr. Eastman said strong coffee, inhalation of amyl nitrite, and some atropine were used to restore consciousness. In answer to Dr. Powell, he said the heart's action became continually more rapid.

Dr. Rodgers.—"I take issue with Dr. O'Brien. I think it is safe to push the administration of morphia further than it was in this case. If the patient had recovered, we would have given credit to the morphia."

Dr. Righter.—"At the post mortem the common duct was completely closed with the largest of the stones, and consequently the pain was intense and prolonged and took a great deal of morphia to relieve him."

Dr. R. E. McVey.—"I would prefer the big stone to the morphia. I wish to sustain Dr. O'Brien in his objection to this habit. I regard the injection of one and one-fourth grains of morphia very dangerous."

Dr. Minney.—"I think the treatment in this case was rational, and I think the post mortem shows the cause of death, though the morphia may have had something to do with the formation of the clot."

Dr. Donaldson.—"I was called to see this man two or three years ago for an attack of bilious colic. I gave him one and one-eighth grains of morphia at that time, and he got up without trouble."

Dr. Lindsay.—"I would like to call attention to a paper read in the New York state society on peritonitis, in the discussion of which the author mentioned the use of morphia in doses of one grain in three hours, and it did not relieve the pain. The author thought this was too much discretion, and the morphia was given till the respirations came down to seven per minute. I do not consider the giving of morphia as this was, two half-grain doses a half hour apart and then a quarter grain, would be dangerous."

Dr. Beers.—"Some months ago he had a similar attack, and I gave him three-fourths grains of morphia, which finally controlled the pain."

Dr. Donaldson wanted to know if the electricity used might not have had something to do with the formation of the clot.

Dr. Stewart.—"The autopsy shows the cause of death. My idea of the administration of morphia is conservative, though I have had it given to me at the rate of five grains a day in half-grain doses. When in acute pain and morphia is used, it should be used cautiously. My plan is not to give modphia in these cases of biliary colic. I should rely upon the hypodermic use of chloroform. Severe neuralgias are often better relieved by it than by morphia. I inject the chloroform as nearly as possible into the gall bladder."

Dr. Lewis.—"I believe the gall stone and the colic would produce collapse, and the fibrin formation was a result of this condition. The morphia is a heart tonic."

Dr. Conger.—"The toxic point is shifted by the pain. I would like to know if the electricity has not something to do with this condition."

Dr. Munn thought some foreign body must be introduced into the current in order that the electricity produce a clot.

Dr. Powell.—"The action of morphia is upon the pneumogastric, and slows the action of the heart, finally paralyzing. The action of the heart must have been slowed to produce a clot, and the morphia may have assisted in this way."

Dr. Rodgers.—"The treatment as given by Dr. Stewart is open to the same objection. I have known cases in which it did harm. In cases where operation is indicated, the injection of chloroform does not answer. It is not a specific."

Dr. Stewart.—"In regard to the use of

chloroform, I will say the relief gained by the immediate introduction is quite universal, so far as I have learned. If relief is not immediate it is nothing, and the operation should go on. It does preclude an operation. If the operation is demanded, it should not be neglected." In reply to Dr. Ayers, said he used one-half drachm at each injection. In answer to Dr. Beeers, said the chloroform would do no harm if it reached the peritoneum.

Dr. Morgridge. — "The thought had passed out of my mind that the morphia had anything to do with the death of the patient. I thought I had pointed out the evidences of the improbability of the recent formation of the clot, also such pathological conditions of the spleen and liver as would eventually have caused death. I predicted the finding of white fibrous clot in the right heart. There was loss of the second sound. The right heart being occluded, there was only a small quantity of blood passed into the lungs, and consequently little into the left side of the heart; there was consequently lessened tension on the valves of the aorta, and loss of sound. I do not consider the formation of clot a condition frequently found with morphia poisoning. The white fibrous clot must have been formed ante mortem, for if post mortem, it would have been red. There were ante mortem changes of the spleen; the capsule was ruptured and the contents a mass of degenerated substance. The ferment formed from the disintegrated white blood corpuscles, the slowing of the blood current, are the causes which produced the clot."

The committee on hall was instructed to look for another place of meeting. A committee consisting of Drs. W. E. McVey, Munn and O'Brien were appointed to arrange for the entertainment of the Eastern Kansas and Golden Belt societies.

W. E. McVEY, M.D., *Secretary*.

ACCORDING to recent literature on the subject, strontium is rapidly coming into active use as a valuable therapeutic agent.

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TOPEKA, KANSAS, MAY, 1892.

THE Belgian Society of Gynecology and Obstetrics, under the patronage of the Belgian Government, has taken the initiative in organizing "The International Periodical Congress of Gynecology and Obstetrics," the first session of which will be held in Brussels, September 14 to 19, inclusive, 1892. Three leading questions will be offered for discussion:

1. Pelvic suppurations. Referee, Dr. Paul Segond, Paris.

2. Extra-uterine pregnancy. Referee, Dr. A. Martin, Berlin.

3. Placenta prævia. Referee, Dr. Berry Hart, Edinburg.

FEES: Members participating in first session, 30 francs. (This will entitle the holder to a copy of the proceedings of the congress.) Founders (Life Membership), 300 francs.

In connection with the congress, there will be an international exposition of instruments and appliances pertaining to gynecology and obstetrics.

The Pan-American Medical Congress in Kansas.

At a meeting of the Golden Belt Medical Society, of Kansas, at Topeka, April 7, a motion prevailed unanimously "that the chair appoint a committee of three to cooperate in promoting the interests and welfare of the Pan-American Medical Congress." The president, Dr. W. B. Dewees, named Dr. F. B. Brown, of Salina, Dr. R. S. Magee, of Topeka, and Dr. Ed. E. Hazlett, of Abilene, as said committee.

This is a strong committee, who will leave nothing undone to have Kansas do her share in behalf of the congress.

THE *Virginia Medical Monthly* calls attention to an error in Pozzi's Treatise on Gynecology, vol. 1, page 33, and says the prescription should call for much less morphine, and that the author probably meant—

℞

Distilled water 10.00
Morphine hydrochlorate..... 0.10
Atropia sulphate..... 0.005

M. Sig.: Twenty-five to thirty drops hypodermically.

DR. JOHN B. TURNER, of Philadelphia, has had good results in the treatment of membranous croup with ammonium chloride. To a child of eleven months he gave the following:

℞

Ammonium chloride ..... ʒ i
Syrup toluton ..... ʒ ii

M. Sig.: Half a teaspoonful every two hours.

To allay laryngeal spasm and sustain strength he gave with the above the following:

℞

Asafœtidœ, pulv ..... grs. xvi
Quiniæ sulph ..... grs. iv
Codeniæ ..... grs. ss
Olei theobromæ..... grs. cxxx

M. Ft. suppos. No. viii.
Sig.: One every four hours.

Some observers have noted that the utility of the ammonium chloride may depend upon a favorable modification of the vascularity of the mucous membrane, as under some circumstances the salt produces anæmia of the tracheal mucous membrane, and the secretion of mucus is checked.

Columbus Medical College.

At its late commencement a majority of the faculty decided that two applicants failed on examination. They were sustained by the board of censors. The trustees, however, who are mostly non-professional men, granted diplomas to the rejected candidates.

Drs. Coleman and Eis immediately resigned and others will probably follow their example. Trustees may decide against those competent to judge of qualification, but they can hardly attach their names to a diploma; and when those who are not qualified to judge of qualification decide against those who are, and grant diplomas to ignorant applicants, the college should be removed from the pale of reputable medical schools.

No Special Effort Made to Assist It to Live.

In the *Journal of the American Medical Association* for March 12, Dr. Schneck, of Mt. Carmel, Ill., in reporting a case of "tetarology," says: "The child was born after about four hours of ordinary labor. The cry was feeble at the time of birth and gradually grew weaker until at the end of fifty minutes it died. No special effort was made to assist it to live."

Is not every physician bound professionally, morally and legally, to use "special effort" to make every patient that comes under his care live, no matter what its disabilities and surroundings? It is not his to decide, in a practical way, that death would be better than deformity, heredity, illegitimacy or poverty. He is never negatively or positively an executioner. He is often present during labor when he feels it would be

better for all parties if its product should die, and he often attends patients where he believes death would be a glad relief, or a blessing to society, but if he may decide who he will kill or who let die he is superior to the laws of both God and man. The physician is the minister of health and life.

Discriminating Against Two-Year Colleges.

The Oregon state board of health has adopted a rule defining a medical institution in good standing to be one requiring three regular sessions of six months each, covering three years time. A Dr. T. Barwood was rejected on the ground that the school from which he graduated does not have such a three years course. He brought the case before the circuit court, which rendered a decision adverse to the power of the state board to make such distinction. On appeal to the supreme court the decision was overruled and the authority of the state board sustained.

Program Kansas State Medical Society.

WEDNESDAY EVENING.

Usual order of business.

Report of committee of arrangements.

Address of president, J. E. Oldham, M.D., Wichita.

PRACTICE OF MEDICINE.

1. Address of president, H. D. Hill, M.D.

2. Eye work for the general practitioner—L. Reynolds, M.D., Horton.

3. Mono-therapeutics—J.E. Minney, M.D., Topeka.

4. Summer diarrhœa of children—R. E. McVey, M.D., Topeka.

5. A paper—J. H. Vaneman, M.D., Kansas City.

6. Tuberculosis—J. H. Brierly, M.D., Glasco.

7. Should a physician prescribe proprietary remedies?—G. W. Frost, M.D., Emporia.

SURGERY.

1. Address of the president, Wm. E. Shastid, M.D.

2. Perforate appendicitis—J. C. McClintock, M.D., Topeka.

3. Vaginal hysterectomy for malignant growths—A. H. Cordier, M.D., Kansas City, Mo.

4. Fractures about the elbow—Thomas Biddle, M.D., Emporia.

5. Supra-pubic cystotomy, its indications and technique—Emory Lanphear, M.D., Kansas City, Mo.

6. Anæsthesia—E. E. Liggett, M.D., Oswego.

7. A report of some cases of laparotomy—H. C. Dalton, M.D., St. Louis, Mo.

8. The radical cure of hernia—J. Fairburn Binnie, M.D., Kansas City.

9. Cholecystotomy—Geo. M. Gray, M.D., Kansas City, Kas.

10. A paper—George Emerson, M.D., Winfield, Kas.

11. Antiseptic details in abdominal surgery—N. F. Terry, M.D., Lyons.

12. A paper—Prof. H. H. Mudd, St. Louis.

13. What I have learned to unlearn in surgery—P. Daugherty, M.D., Junction City.

14. A paper—Gaston Boyd, M.D., Newton.

15. A case of carcinoma; can the per cent. of recurrence be diminished?—L. H. Munn, M.D., Topeka.

16. Intestinal anastomosis—S. E. Sheldon, M.D., Topeka.

17. A case of compound fracture of leg—Edwin B. Shaw, M.D., Osage City.

18. A paper—J. A. Lane, M.D., Leavenworth.

19. Appendicitis—S. J. Warren, M.D., Clay Center.

20. A paper—Joseph Bauer, M.D., St. Louis, Mo.

GYNECOLOGY.

1. Address of president, L. J. Lyman, M.D., Manhattan.

2. Extra-uterine pregnancy—J. T. Axtell, M.D., Newton.

3. Why should I not use the forceps?—M. R. Mitchell, M.D., Topeka.

4. Uterine medication—A. B. Peters, M.D., Mankato.

5. Dysmenorrhea—T. W. Scott, M.D., Stafford.

6. Puerperal eclampsia—H. H. Russell, M.D., Lucas.

7. Extra-uterine pregnancy—A. H. Cordier, M.D., Kansas City, Mo.

8. Is the practice of local uterine applications consistent with uterine pathology?—J. W. Felty, M.D., Abilene.

9. Management of fibroid tumors of the uterus—J. T. Beattie, M.D., Kansas City, Mo.

10. A paper—Jeffrey Martin, M.D., Marion.

11. Deficiency of uterine force; how and when shall we interpose?—Mary G. Day, M.D., Wichita.

12. Management of the third stage—G. W. Akers, M.D., Stafford.

13. Mole pregnancy—Nannie M. Stevens, M.D., Wichita.

OPHTHALMOLOGY, OTOLOGY AND RHINOLOGY.

1. Address of president, G. A. Wall, M.D., Topeka.

2. Report of two cases of glioma of retina—D. F. Longenecker, M.D., Emporia.

3. How a general practitioner may treat atrophic rhinitis—Hal Foster, M.D., Kansas City, Mo.

4. Calcareous formations in the eye—J. E. Minney, M.D., Topeka.

5. What is the safest operative procedure for the extraction of senile cataract?—B. E. Fryer, M.D., Kansas City, Mo.

6. Etiology of glaucoma—G. O. Morgridge, M.D., Topeka.

7. Affections of the orbit—Flavel B. Tiffany, M.D., Kansas City, Mo.

8. Deviations of the septum—C. H. Guibor, M.D., Topeka.

9. A paper—A. L. Burson, M.D., Fort Scott.

Volunteer papers.

THE KANSAS MEDICAL JOURNAL is the only paper in the state that publishes the proceedings of all the medical societies.

Report of an Autopsy.

On the evening of January 22, 1892, I was requested by Superintendent Eastman of the insane asylum to conduct a post-mortem examination of the remains of L. E. Rechildifler, deceased.

The object of the autopsy was to ascertain, if possible, the remote and immediate causes which lead to the demise. Deceased was an employe in the institution above named at the time of his death, and Superintendent Eastman desired to ascertain if there existed in any of the internal organs organic changes inconsistent with a continuation of life, and which of themselves might account for its termination.

A knowedge of the immediate causes of death was rendered desirable because of the administration of morphia sulphas (grs. 1 ss) in half-grain doses four days before death.

The drug was administered subcutaneously, and the notion was afterwards entertained by a few of the friends of the deceased that it in a measure hastened the result.

On reaching the place I found the remains prepared for examination. There were present Superintendent Eastman, Drs. Righter, Guibor, Beers, Limmer and Wentworth.

Rigor mortis being fully established, the examination was at once proceeded with and conducted in the usual manner.

The liver was found greatly enlarged, the increase amounting to fully one-third its normal size. The left lobe extended over to and was strongly adherent to the spleen, the area of adhesion being fully one and one-half by three-fourths of an inch.

As I passed my hand under the organ, the gall-bladder ruptured and eighty-six gall-stones were removed.

There was no trace of normal biliary secretion. The organ was softened and into any part the finger could be thrust without difficulty. The spleen had undergone complete disintegration, and when the capsule was ruptured presented a dark granular mass, in consistence semi-fluid, with hardly a trace of its trabecular structure remaining.

The left lung was very much compressed, pigmentary discoloration in excess of normal being present.

The right lung was also encroached upon, but in a less degree than its fellow. The right heart was distended, the left manifestly empty. On section of the right heart its cavities were found occupied by a large white fibrinous clot which sent a prolongation into the pulmonary artery, nearly occluding its lumen. On reaching this vessel's bifurcation into the right and left pulmonary arteries, the fibrinous formation also divided, continuing a fasciculus into each. A prolongation of the main fibrinous mass extended back into the cava ascending. The left heart was empty, its inner surface pale but otherwise normal.

The heart muscle gave no evidence of softening or of ante-mortem changes. Within the gall duct was found firmly fixed one of the largest of the gall-stones, which contributed largely in producing the intense pain of which the patient complained prior to the administration of the opiate.

These constitute the pathological lesions discovered, and we are able to respond to the interrogation, "What was the immediate cause of death?" The intra-vascular formation of fibrin filling the right heart and occluding the pulmonary artery resulted in dissolution. But the lesson does not end here. A second inquiry: "Why this intra-vascular formation of fibrin during life" still remains unanswered.

To aid us in this study let us recount the objective and physical evidences of organic lesion; and I recall and present them as nearly as possible as they were given me by Superintendent Eastman, Dr. Righter, attending physician, and Dr. Guibor, consultant. During a term of years deceased had suffered from repeated attacks of pain in the hepatic region. By every physician who had attended him during one of these paroxysms a diagnosis of gall-stone colic had been made. In its beginning his last illness was so regarded and treated. As on former occasions, an opiate was administered hypodermically, one-half grain of morphine being given. The pain continuing with great intensity, another portion was administered, and this failing to give relief a third was given, amounting in all to one and one-half grains. After the administration of the third dose relief was secured and the patient passed into a stupor which became profound.

During somnolence the pupils did not contract to the minimum; nor did the respirations fall below twelve per minute.

Some alarm was occasioned by the prolonged sleep, and means were employed to restore the patient to consciousness. With return of intelligence there developed a dyspnœa which persisted, and continued to increase until the patient's condition became distressing and alarming. The condition of the patient grew steadily worse until death closed the scene.

During the last hours of the patient's illness Dr. Guibor was called in consultation. The doctor informed me that the most careful auscultation failed to give him the heart's second sound. This statement, and a knowledge of the fact that labored respiration with evidences of a reduced hemoglobin had existed for four days, led me to conclude that in the right heart would be found a white, fibrinous clot. The heart's second sound was lost because the fibrinous formation prevented closure of the pulmonary valves; and absence of blood and normal blood-pressure in the left heart rendered the aortic valves less tense, diminished their vibratory movements, and in consequence no sound was produced. Regarding the causes which led to the formation of an intra-vascular ante-mortem clot, there is much of interest that might be said; but time will permit me to give conclusions only, leaving to the discussion which may follow, the line of reasoning by which they have been reached. Originally the difficulty began in a disturbed functional activity of the liver, resulting in the formation of gall-stones and hyperplasia of that organ. The spleen soon followed in histological deviations of the same character, and these constitute the remote causes of death. As stated, the formation of an intra-vascular white fibrinous clot in the vascular channel was the imme-

diate cause of death. This formation was ante mortem, as evidenced by its color. Had it been post mortem it would have entangled in its meshes the corpuscular elements of the blood. Its formation resulted from the following conditions:

1. The non-secretion of bile and a consequent inhibition of the heart's action.

2. A slowed blood current due to cardiac inhibition and compression of the pulmonary organs.

3. Death and disintegration of white blood corpuscles in the spleen. White blood corpuscles after losing their vitality, intra- or extra-vascular, yield fibrin ferment, and under favorable conditions this may precipitate the transformation of the fibrinogen of the blood into fibrin during life.

The organic changes present, which were of long standing, were of themselves sufficient to terminate life; and indeed were inconsistent with its long continuation. We have intentionally avoided any consideration of the etiology of gall-stone formation.

Monthly Summary of Meteorological Observations.

Observing Station, Washburn College, Topeka, Kas.
Altitude, 1,000 ft. Longitude, 95.4. Latitude, 39.03.

MARCH.

Mean temperature	38.5
Maximum temp.	76.8 on the 31st
Minimum temp	10.0 on the 18th
Mean barometer	30.084
Maximum barometer	30.60 on the 14th
Minimum barometer	29.40 on the 31st
Total precipitation in inches	4.53
Total snow-fall during month, inches	1.5
Number of clear days	6
Number of fair days	13
Number of cloudy days	12
Number of days on which .01 inch precip. fell	11

Prevailing direction of wind, northeast.

Number of times wind in each direction at three observations per day during March: N.W. 18; N. 10; N.E. 19; E. 4; S.E. 9; S. 15; S.W. 9; W. 3; Calm 6.

Normal temperature (13 years)	39.7
Average precipitation (16 years)	1.88

T. B. JENNINGS, Observer, Signal Station,
Per F. S. DITTO, Signal Corps, U. S. Signal Service.

THE administration of iodide of iron, alone or with phosphide of zinc is an efficient remedy to prevent or arrest lead poisoning to those who work in white lead.

Report of Topeka Board of Health.

(Population 32,000.)

REPORT OF CASES DURING FEBRUARY.

Scarlet fever	15
Diphtheria	2
Measles	56

DEATHS.

La grippe	1
Osteo myelitis	1
Disease of spine	1
Pneumonia	5
Consumption	2
Cerebral congestion	1
Capillary bronchitis	2
Congestion of brain	1
Unknown	1
Membranous croup	1
Typhoid fever	1
Peritonitis	1
Gastric neuralgia	1
Meningitis	1
Organic disease of heart	1
Diphtheria	1
Children under 5 years of age	10
Total	32

Ratio of 1 to 1,000 of population.

L. M. CARTER, *Sanitary Sergeant.*

THE joint meeting of the Golden Belt and Eastern Kansas medical societies held in Topeka, April 7, was a grand success. Eighty-six were in attendance. The papers were good, and the banquet given by the Topeka Academy of Medicine and presided over by Dr. Munn was an enjoyable occasion. The minutes of the meeting will be published in full in the June number of the JOURNAL.

ALTERNATE layers of cotton and collodion are being used for padding the chest in pneumonia. It is durable, acts as a splint, a first-class non-conductor, and avoids the fatigue and discomfort of frequent changing of poultices.

THE May meeting of the State Medical Society will soon convene. The *Catalogue* makes some suggestions respecting the sectionizing of the work worthy of consideration. It says the committee of arrangements is sparing no efforts to make all necessary arrangements, and will do everything possible to make the visit of members as pleasant as possible while in the city.

Annals of Ophthalmology and Otology, published at Kansas City, Mo., and edited by James P. Parks, M.D., is before us. It is a quarterly, and every promise of its first issue is fulfilled and the measure heaped up. Success to the new journal.

Reprints Received.

"Reaction of the Amide Group upon the Wasting Animal Economy," by Professors Samuel G. Dixon, M.D., and W. S. Quill, M.D., of Philadelphia.

"Bright's Disease," also "Tobacco Insanity and Nervousness," by Dr. L. Bremer, St. Louis, Mo.

"Aphasia due to Sub-Dural Hemorrhage without External Signs of Injury—Operation, Recovery," by L. Bremer, M.D., and N. B. Carson, M.D., of St. Louis, Mo.

"Athetosis, with Clinical Cases," by Archibald Church, M.D., Chicago.

"A Contribution to Spinal-Cord Surgery," by Archibald Church, M.D., and D. W. Eisendraft, M.D., Chicago.

Address on "Sanitation v. Do Nothingism," by W. B. Dewees, of Salina, delivered before the sixth annual sanitary convention of Kansas.

THE thermometer at the John Hopkins University is absolutely perfect, and the graduations are so fine as to require the use of a microscope in reading them. It is valued at $10,000.

DR. A. C. GRAVES, of Cherokee, will read a paper on iritis at the State Medical Society meeting. Reply came too late for regular program.

WILL the state society see to it that a strong committee be appointed on medical legislation to represent them at the coming session of the legislature. Don't let Kansas be behind on a medical law. The manufacturer and the retail dealer are protected on all sides. Our national government gives them all the necessary protection—all that is asked. The attorney is protected by the state compelling everyone who intends to practice law to pass a rigid examination before a court of the state before he is admitted to the bar. But the family physician, faithful in all the trusts committed to his charge—good enough to be trusted anywhere—has no protection. Every quack stands on the same level with him. Yet you say you would not employ the quack. That is probably true; yet there are others who do and do not get honest servive. Is it not your duty then to enact some such measures by which the country may rid herself of these presumptuous fellows, and there is probably no better way than to compel them to pass an examination before a competent medical board.

DR. A. W. SELLARDS, of Scranton, called on us last month.

DR. F. O. BRAINARD of WaKeeney has located at Oakley, Kan.

MESSRS. RENZ & HENRY, Louisville, Ky.:

In regard to your preparation, the "Three Chlorides," I am glad that I can conscientiously and heartily endorse it.

As an Alterative Tonic the combination is a most happy one. Its stability, beautiful appearance and pleasant taste is a triumph in pharmacy; and its therapeutic virtues so scientifically blended that the intelligent physician need only read the formula to prescribe it. Very truly yours,

W. TAYLOR EDMUNDS, M.D.

Important Notice and Removal.

To avoid failure or doubtful success in use of peroxide of hydrogen, be sure you get Marchand's Medicinal; no substitute can replace it, statements of dealers, interested or unscrupulous parties to the contrary notwithstanding. There is great inducement to substitute in this article, for the reason that peroxide made for bleaching and varying trade purposes costs to produce only a fraction of what Marchand's Medicinal costs, and the unscrupulous druggist or dealer pockets the difference in profit at the expense of the physician's reputation for skill and Marchand's Peroxide of Hydrogen Medicinal.

Put up in 4oz., 8oz. and 16oz. bottles only, with which every careful physician should be familiar, in order to frustrate dishonest substitution and assure success in practice.

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The Pepsin Standard Advanced.

There are many varieties of pepsin in market, differing widely in purity, activity and adaptability for therapeutic use.

Whether pepsin be prescribed with success or failure depends on its quality. The physician prescribing pepsin should demand in his prescription a pepsin product which he has convinced himself is pure and active and can be relied upon.

By prolonged investigation of digestive ferments the standard has been again and again advanced. It is announced by Parke, Davis & Co. that they have succeeded in making a pepsin capable of digesting 4,000 times its weight of coagulated egg albumen under the conditions of the pharmacopœial test.

This product is prepared by a new and original process which renders it aseptic, free from odor, agreeable in taste to the most sensitive palate, and superior to any pepsin product hitherto made.

In these days, when novices and pork-packers are flooding the market with pepsins, it behooves the careful physician to see that his prescriptions are filled by the product of some reputable manufacturing chemist.

An Interesting Case.

Mr. J—— V———, a young man 21 years of age, was first seen July 5, 1891. Had been for eight months under treatment for syphilis, and all the while growing worse. Was very much prostrated and was suffering with an immense abscess on the outer portion of the upper third of the left thigh; also one on the left side of the neck. Had, moreover, a large tumor on the right side of the neck, and a still larger one on the back, both tending, of course, to suppuration. Prescribed verrhus clemiana, two teaspoonfuls four times a day, to be increased in two weeks to four teaspoonfuls.

At the expiration of two weeks the abscess on the thigh was discharging profusely, general appearance of patient improved, and he reported himself as feeling much better. Ordered the dose increased gradually to six teaspoonfuls, four times daily.

At the expiration of six weeks the abscess on thigh was still discharging freely; the one on neck scarcely at all. Ordered the suspension of the medicine for a week, during which time the discharge from abscess on thigh diminished perceptibly; the one on neck ceased entirely. On resuming the medicine, the discharges from both abscesses became again profuse, and so continued for about two weeks longer, when it began to subside; the tumors began to diminish in size, and in four months from the time the treatment was commenced all symptoms of the disease had disappeared. Advised him, however, to continue the medicine a few months longer.

J. EMMET BLACKSHEAR, M.D.,
Macon, Ga.

TOBACCO has been used in rectal enemas for intestinal obstruction with good results.